



0821-03

3721

PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

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**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

		Application Number	10/027,744
		Filing Date	December 20, 2001
		First Named Inventor	Joseph C. Walsh
		Art Unit	3721
		Examiner Name	Sameh H. Tawfik
Total Number of Pages in This Submission	48	Attorney Docket Number	PP 5.71(c)

ENCLOSURES <i>(Check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard for return by the PTO.
Remarks		

RECEIVED

AUG 27 2003

TECHNOLOGY CENTER R9700

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael A. Goodwin, Esq.
Signature	
Date	August 19, 2003

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" Label No. EV 106959558 US in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Kalyn Black		
Signature		Date	August 19, 2003

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FEET TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** -0-

Complete if Known

Application Number	10/027,744
Filing Date	December 20, 2001
First Named Inventor	Joseph C. Walsh
Examiner Name	Sameh H. Tawfik
Art Unit	3721
Attorney Docket No.	PP 5.71(c)

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number 11-1150
Deposit Account Name Klaas, Law, O'Meara & Malkin, P.C.

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375			Utility filing fee	
1002 330	2002 165			Design filing fee	
1003 520	2003 260			Plant filing fee	
1004 750	2004 375			Reissue filing fee	
1005 160	2005 80			Provisional filing fee	
SUBTOTAL (1)		(\$) -0-			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims	75	-75** = 0	X \$18.00 =	
Independent Claims	19	- 19** = 0	X \$84.00 =	
Multiple Dependent				

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9			Claims in excess of 20	
1201 84	2201 42			Independent claims in excess of 3	
1203 280	2203 140			Multiple dependent claim, if not paid	
1204 84	2204 42			** Reissue independent claims over original patent	
1205 18	2205 9			** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$) -0-			

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 410	2252 205	Extension for reply within second month	
1253 930	2253 465	Extension for reply within third month	
1254 1,450	2254 725	Extension for reply within fourth month	
1255 1,970	2255 985	Extension for reply within fifth month	
1401 320	2401 160	Notice of Appeal	
1402 320	2402 160	Filing a brief in support of an appeal	
1403 280	2403 140	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,300	2453 650	Petition to revive - unintentional	
1501 1,300	2501 650	Utility issue fee (or reissue)	
1502 470	2502 235	Design issue fee	
1503 630	2503 315	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 750	2809 375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 750	2810 375	For each additional invention to be examined (37 CFR 1.129(b))	
1801 750	2801 375	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **(\$)** -0-

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Michael A. Goodwin, Esq.	Registration No. (Attorney/Agent)	32,697	Telephone (303) 298-9888
Signature			Date	August 19, 2003

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